

1960

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) Crisfield LENGTH OF STAY (in this place) 1 hour				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield 39 TOWN STREET ADDRESS (If rural give location) W. Main St.			
3. NAME OF DECEASED: (First) CHARLES (Middle) JACOB (Last) ABBOTT				4. DATE OF DEATH: (Month) (Day) (Year) February 8 1955			
5. SEX: male		6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: June 16, 1954		9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 0 yrs. Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none			10b. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Guilford Abbott				14. MOTHER'S MAIDEN NAME: Jacqueline Sterling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no 4		16. SOCIAL SECURITY NO.: none		17. INFORMANT & ADDRESS: Guilford Abbott—W. Main St.—Crisfield, Md.			
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 51.0 Immediate cause (a) DUE TO Gastro Enteritis Dehydrated Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Cardiac Complication (c) DUE TO Anemia William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER Somerset County							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Baby was dead before Furs Called.		20. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)		
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR? No accident,					
22. I hereby certify that I attended the deceased from 19..... to 19....., that I last saw the deceased alive on 19....., and that death occurred at 12:15 a.m. from the causes and on the date stated above. Signature (Degree or title) William H. Coulbourn M.D. ADDRESS Crisfield, Md. DATE SIGNED Feb. 8-5-55							
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Feb. 9, 1955	NAME OF CEMETERY OR CREMATORIAL Crisfield Cemetery	LOCATION (City, town, or county) (State) Crisfield, Md.			
DATE REC'D BY LOCAL REGISTRAR 2-9-55	REGISTRAR'S SIGNATURE Betty W. Tyler		24. FUNERAL DIRECTOR Bradshaw & Sons—Crisfield, Md.		ADDRESS		

RECEIVED
BUREAU V. S.

FEB 15 1955

1961

01948

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

No. 261

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN ShelltownLENGTH OF STAY
(in this place)
LifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS
08

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md.

COUNTY Somerset

CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN ShelltownSTREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)(First)
JOHN(Middle)
HANSON(Last)
CROPPER4. DATE
OF
DEATH
February 7, 1955

5. SEX:

Male

6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):
Married8. DATE OF BIRTH:
Sept 15, 18879. AGE last birthday:
6710. IF UNDER 1 YEAR
Months Days Hours Min.
yrs.10a. USUAL OCCUPATION
(Give kind of
work done during most
of work life,
even if retired)
Farm Owner10b. KIND OF BUSINESS OR
INDUSTRY:
Farming11. BIRTHPLACE
(State or foreign country):
Virginia12. CITIZEN OF WHAT
COUNTRY?
USA

13. FATHER'S NAME:

Robert J. Cropper

14. MOTHER'S MAIDEN NAME:
Virginia White15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.)
No(If Yes, give war or dates of
service)
None16. SOCIAL SECURITY NO.:
None17. INFORMANT & ADDRESS:
Mrs. Olive R. Cropper, Shelltown, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause(a)
DUE TO

Coronary Disease (Thrombosis)

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last(b)
DUE TO
(c)

Arterio Sclerosis

INTERVAL BETWEEN
ONSET AND DEATHII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY21c. (City or town)
While at
work Not while
at work

21e. (County)

(State)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURE *W. H. Houlebourn* CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM. DATE SIGNED
*Feb 7-55*23. BURIAL, CREMATION,
REMOVAL (Specify):
Burial

DATE THEREOF

2-9-55

NAME OF CEMETERY OR CREMATORIAL

Baptist Cemetery

LOCATION (City, town, or county)

(State)

Rehoboth, Md.

DATE REC'D BY LOCAL
REG.

7th Feb 1955

REGISTRAR'S SIGNATURE

Nellie D. Payne

24. FUNERAL DIRECTOR

Dennis & Watson, Pocomoke, Md.

ADDRESS

BUREAU V. S.

16 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18011949
1962

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Pocomoke</u>		MARYLAND LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00 Home</u>		STATE <u>Maryland</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Pocomoke</u> STREET ADDRESS <u>R.F.D. 1</u>	
3. NAME OF DECEASED: (First) <u>SALLIE ANN</u> (Middle) <u>DENNIS</u> (Last) (Type or Print)		4. DATE OF DEATH: <u>Feb. 6th</u> (Month) <u>1955</u> (Year)	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>Col.</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>		8. DATE OF BIRTH: <u>May 6, 1887</u>	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Housework</u>	
10c. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Walter Collins</u>		14. MOTHER'S Maiden NAME: <u>Alice Hogan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <u>- - -</u>	
17. INFORMANT & ADDRESS: <u>Alice Crapper Pocomoke, Md.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u> Immediate cause		Interval Between Onset And Death <u>5 days</u>	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the <u>underlying</u> cause last.		(a) DUE TO <u>Cerebral Hemorrhage</u> (b) DUE TO <u>Arterio-sclerotic Cardio-</u> (c) DUE TO <u>Vascular Disease</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION: <u>1950</u> 19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		(Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> m. Work <input type="checkbox"/> At Work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>1950</u> , 19..., to <u>2/6</u> , 1955, that I last saw the deceased alive on <u>2/6</u> , 1955, and that death occurred at <u>10 AM</u> from the causes and on the date stated above. SIGNATURE <u>Laura S. Cleaveland, M.D.</u> ADDRESS <u>Pocomoke City</u> DATE SIGNED <u>2/7/55</u> (Degree or title)			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>2-10-55</u> NAME OF CEMETERY OR CREMATORIAL <u>St. James</u> LOCATION (City, town, or county) <u>Pocomoke, Md.</u> (State)	
DATE REC'D BY LOCAL REGISTRAR <u>2/8/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Orelle Byney</u> 24. FUNERAL DIRECTOR <u>Edgar Wharton-Newchurch, Va.</u> ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

FEB 14 1955

MARYLAND

1963

01950

STATE DEPARTMENT OF HEALTH

9
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CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH. COUNTY <u>Somerset</u>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <u>Md.</u> COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Eden</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Eden</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS <u>(If rural, give location)</u>	
3. NAME OF DECEASED (Type or Print) <u>John</u>	(First) <u>John</u> (Middle) <u>Donald</u> (Last) <u>Donohue</u>	4. DATE OF DEATH <u>Feb. 5</u>	(Month) <u>Feb.</u> (Day) <u>5</u> (Year) <u>1955</u>
5. SEX <u>Male</u>	6. COLOR OF RACE <u>Cal.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 17, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer on railroad</u>		9. AGE last birthday <u>76</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Widowed</u>		If under, 1 year Months. <u>0</u> Days. <u>0</u> Hours. <u>0</u> Min. <u>0</u>	
13. FATHER'S NAME <u>Julius Donohue</u>		11. BIRTHPLACE (State or foreign country) <u>Eden Somerset Md</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
16. SOCIAL SECURITY NO. <u>no.</u>		14. MOTHER'S MAIDEN NAME <u>Annie Christopher</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Annie Barkley, Eden, Md. Box 36</u>		18. MEDICAL CERTIFICATION	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2
Immediate cause(a) Pulmonary Edema

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last(b) Cardiac Insufficiency(c) Chronic MyocarditisINTERVAL BETWEEN
ONSET AND DEATH8 hrs.3 yrs.5 yr

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. ACCIDENT (Specify)

PLACE (Home, farm, factory, street,
office bldg., etc.)(CITY OR TOWN) Eden(COUNTY) Somerset(STATE) Md.TIME (Month) 1 (Day) Feb 4 (Year) 1955 (Hour) 10INJURY OCCURRED
While at Not While
Work At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1955, to Feb 5, 1955, that I last saw the deceasedalive on Feb 4, 1955, and that death occurred at 7:30 A.M. from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

20 Prince Anne Rd Feb 8 195523. BURIAL, CREMATION
REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG. 2/9/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

R. D. Johnson, M.D. Charles H. Ward - Marion Sta., Md.
Box 235

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BUREAU V. S.

FEB 14 1955

1969 CERTIFICATE OF DEATH

UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WILSON PRESERVED FOR BINDING

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A 15

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset CITY (If outside corporate limits, write RURAL OR TOWN Crisfield		MARYLAND CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cove Street		LENGTH OF STAY (in this place) 52 yrs.			
3. NAME OF DECEASED: (Type or Print) Fannie		(First) Fannie	(Middle) May		
		(Last) Gerald			
5. SEX: Female		6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow		
8. DATE OF BIRTH: June , 1883		9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. 71 yrs. 8 Months 19 Days 55 Hours Min.			
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY: Accomac County, Virginia			
11. BIRTHPLACE (State or foreign country): Accomac County, Virginia		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: William S. Scott		14. MOTHER'S MAIDEN NAME: Deliah Crosley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: None			
		17. INFORMANT & ADDRESS: Mrs. Carroll Jockel, 10 W. Barre, Balto. Md.			
18. MEDICAL CERTIFICATION					
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) DUE TO Coronary Disease (Occlusion)					
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arterio Sclerosis (c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION: 0		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR? <i>she was at work before I was called</i>
22. I hereby certify that I attended the deceased from 1955 , that I last saw the deceased alive on 19 , and that death occurred 1955 , from the causes and on the date stated above. SIGNATURE Wm. H. Coulbourn M.D. ADDRESS Crisfield, Md. DATE SIGNED Feb. 18/1955 (Degree or title)					
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Feb. 19, 1955	NAME OF CEMETERY OR CREMATORIAL Sunny Ridge	LOCATION (City, town, or county) Crisfield, Md.	(State)
DATE REC'D BY LOCAL REGISTRAR 2/18/55		REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Burward Q. Covington, Crisfield, Md. ADDRESS		

BUREAU U. S.

FEB 21 1955

RECEIVED

1964

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place) 78 Yrs.		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY Somerset 39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital				STREET ADDRESS 12 Main Street		(If rural give location) 1	
3. NAME OF DECEASED: (Type or Print)		(First) (Middle) (Last) Josephine Cullen Hall		4. DATE OF DEATH: Feb. 13,		(Month) (Day) (Year) 19 55	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow		8. DATE OF BIRTH: June 21, 1876	
10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jacob B. Cullen		14. MOTHER'S MAIDEN NAME: Melissa Ward					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: None		17. INFORMANT & ADDRESS: Mrs. Nicholas Riggin, Wilmington, Del.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332X Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (a) DUE TO (b) DUE TO (c) DUE TO Cerebral thrombosis - Multiple attacks since onset in November. 25 mo. Cerebral arteriosclerosis							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF INJURY		(CITY OR TOWN)		(COUNTY)	
(STATE)							
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 1954, to Feb. 1955, that I last saw the deceased alive on Feb. 13, 1955 and that death occurred at 12:00 A.M. from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED O. Ranley M.D.							
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Feb. 15, 1955		NAME OF CEMETERY OR CREMATORIUM Crisfield		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 2/15/55		REGISTRAR'S SIGNATURE Betty W. Tifer		FUNERAL DIRECTOR Dufward C. Covington, Crisfield, Md.		ADDRESS	

BUREAU V. S.

FEB 17 1955

RECEIVED

1965

03035

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 262

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <u>Somerset</u> MARYLAND		STATE <u>Maryland</u> COUNTY <u>Somerset</u>		
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>R.F.D. #1 Box 65</u>		LENGTH OF STAY (in this place)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home</u>		STREET ADDRESS		
3. NAME OF DECEASED: (First) <u>Oscar</u> (Middle) <u>Peyton</u> (Last) <u>Handy</u>		4. DATE OF DEATH: <u>February 15, 1955</u>		
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>Aug. 18, 1896</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Farm</u>	9. AGE last birthday: <u>58</u> IF UNDER 1 YEAR yrs. <u>58</u> IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
13. FATHER'S NAME: <u>Isaac James Handy</u>		14. MOTHER'S MAIDEN NAME: <u>Maggie Watson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <u>216-12-1706</u> 17. INFORMANT & ADDRESS: <u>Emma Porter, Pocomoke City, Md.</u>		
18. MEDICAL CERTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>Acute Coronary Heart Disease</u>				
Immediate cause <u>4201</u>	(a) DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO			
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:			20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)		21c. (City or town) <u></u> (County) <u></u> (State) <u></u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <u>R.D. Johnson</u>				
23. BURIAL, CREMATION, REMOVAL (Specify): Burial	DATE THEREOF <u>2/20/55</u>	NAME OF CEMETERY OR CREMATORIAL <u>Tindley Chapel Cem.</u>	LOCATION (City, town, or county) <u>Pocomoke City, Md.</u> (State) <u></u>	CHIEF MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>2-15-55</u> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>
DATE REC'D BY LOCAL REG. <u>3/28/55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Oraelle Boyne</u>	24. FUNERAL DIRECTOR <u>Edgar Wharton - New Church, Va.</u>	ADDRESS	

BUREAU V. S

MAR 29 1965

RECEIVED

1970

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY		Somerset		STATE		Maryland	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY	
39 Crisfield		TOWN		39 Crisfield		Somerset	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
00 946 Broad St.				1 Broad St.			
3. NAME OF DECEASED: (Type or Print)		(First) RICHARD	(Middle)	(Last) HARRIS	4. DATE OF DEATH: February 26 1955		
5. SEX:		6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: July 26, 1927	9. AGE last birthday: 27 yrs.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): laborer			10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry	11. BIRTHPLACE (State or foreign country): Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Richard Harmon				14. MOTHER'S MAIDEN NAME: Beatrice Harris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		(If Yes, give war or dates of service) no		16. SOCIAL SECURITY NO.: 218-24-2777	17. INFORMANT & ADDRESS: 946 Broad St. Mrs. Rosa Lee Harris—Crisfield, Md.		
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 322.1 Immediate cause (a) Myocardial Infarction Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause (b) Chronic Alcoholism stating the underlying cause last. DUE TO (c) Viral Infection							
2. Interval Between Onset And Death Few minutes begin							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Virus Infection							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY ? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE		(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)	
TIME (Month) OF INJURY		(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from Feb 24, 1955, to Feb 26, 1955, that I last saw the deceased alive on Feb 25, 1955, and that death occurred at 1:10a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED A. N. Ban, M.D. Crisfield, Md. 3/1/55							
23. BURIAL, CREMATION, REMOVAL (Specify) burial		DATE THEREOF Mar. 1, 1955	NAME OF CEMETERY OR CREMATORIAL Lawsonia Cemetery	LOCATION (City, town, or county) (State) Crisfield, Md.			
DATE REC'D BY LOCAL REG. OFFICER Mar. 3, 1955		REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw & Sons-531 Main St.—Crisfield, Md.		ADDRESS		

BUREAU V

MAR 3 1955

RECEIVED

1971

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crisfield				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield			
39 00 HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadway				39 / STREET ADDRESS Broadway (If rural give location)			
3. NAME OF DECEASED: (Type or Print)		(First) ROSETTA	(Middle)	(Last) JONES	4. DATE OF DEATH:	(Month) February	(Day) 21, 1955 (Year)
5. SEX: female		S. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH: Sept. 18, 1881	9. AGE last birthday: 73 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife			10b. KIND OF BUSINESS OR INDUSTRY: Domestic	11. BIRTHPLACE (State or foreign country): Accomack Country, Va.			12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Littleton Taylor				14. MOTHER'S MAIDEN NAME: unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		(Yes, no, or unk.)		16. SOCIAL SECURITY NO.: —		17. INFORMANT & ADDRESS: Broadway Mrs. Lillian Hall—Crisfield, Md.	
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X Immediate cause (a) <i>Cerebral Vascular Accident</i> Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <i>Neurolized Arterosclerosis</i> (c) <i>Senile Degeneration</i> Interval Between Onset And Death 2 weeks							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Insanity</i> 6 m							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> At Work <input type="checkbox"/>	HOW DID INJURY OCCUR? ADDRESS		
22. I hereby certify that I attended the deceased from <i>July 15, 1954</i> , to <i>Feb. 22, 1955</i> , that I last saw the deceased alive on <i>1955</i> , and that death occurred at <i>6:30 p.m.</i> from the causes and on the date stated above. SIGNATURE <i>J. N. Bane M.D.</i> DATE SIGNED <i>Feb. 24, 1955</i>							
23. BURIAL, CREMATION, REMOVAL (Specify) burial		DATE THEREOF Feb. 24, 1955		NAME OF CEMETERY OR CREMATORIUM Lawsonia Cemetery		LOCATION (City, town, or county) Crisfield, Md. (State)	
DATE REC'D BY LOCAL REGISTRAR 724/55		REGISTRAR'S SIGNATURE <i>Betty W. Tyler</i>		24. FUNERAL DIRECTOR Bradshaw & Sons—Main St.—Crisfield, Md.		ADDRESS	

RECEIVED
BUREAU V. S.

FEB 28 1955

1966

CERTIFICATE OF DEATH

Reg. Dist. No. 261

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Somerset</u>									
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Marion Station</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Marion Station</u>									
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS <u> </u>									
3. NAME OF DECEASED: (Type or Print) <u>Henry</u>		(First) <u>Henry</u> (Middle) <u>Upshur</u> (Last) <u>Lankford</u>									
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>Col.</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 25, 1867</u>		9. AGE last birthday <u>87 yrs.</u>		4. DATE (Month) OF DEATH: <u>Feb.</u> <u>24</u> <u>1955</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farmer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u> </u>		11. BIRTHPLACE (State or foreign country): <u>Marokin, Som Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					
13. FATHER'S NAME: <u>George Lankford</u>		14. MOTHER'S MAIDEN NAME: <u>Sarah Lankford</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. Clara Young - Marion Sta., Md.</u>							
18. MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH <u>about 24 hrs</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> IMMEDIATE CAUSE <u>Coronary Condition</u> ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u> </u>								(A) DUE TO <u> </u>			
								(B) DUE TO <u>Chronic Myocarditis & Chronic Int. Nephritis</u>			
								(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.											
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) <u> </u>		21C. WHERE DID (City or town) INJURY OCCUR?		(County) <u> </u> (State) <u> </u>					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u> </u>							
22. I hereby certify that I attended the deceased from <u>Feb. 24, 1955</u> , to <u>Feb. 24, 1955</u> , that I last saw the deceased alive on <u>Feb. 24, 1955</u> , and that death occurred at <u>7:00 AM</u> , from the causes and on the date stated above. SIGNATURE <u>George L. Lankford M.D.</u>								ADDRESS <u>Marion Sta. Md</u> DATE SIGNED <u>2-25-55</u>			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) <u>Burial</u>		NAME OF CEMETERY OR CREMATORIAL <u>Branch Cemetery</u>		LOCATION (City, town, or county) <u>Marion Sta., Som. Co., Md.</u> (State) <u> </u>							
DATE REC'D BY LOCAL REGISTRAR <u>2-25-55</u>		REGISTRAR'S SIGNATURE <u>Nellie T. Payne</u>		24. FUNERAL DIRECTOR ADDRESS <u>Charles H. Ward - Marion Sta. Md.</u>							

RECEIVED
FEB 28 1955
BUREAU V. S.

1972

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
39 00	COUNTY Somerset MARYLAND CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Crisfield LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS Turf St.	STATE Maryland COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Crisfield STREET ADDRESS (If rural give location) Turf St.			
3. NAME OF DECEASED:	(First) ROBERT (Middle) (Last) MADDUX	4. DATE OF DEATH:	(Month) February (Day) 3 (Year) 1955		
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH:		
male	colored	unknown	9. AGE last birthday: about 70 yrs. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): unknown		10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): unknown		
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:			
unknown		unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: — — —			
17. INFORMANT & ADDRESS: Deputy Medical Examiner Dr. Wm. H. Coulbourn - Crisfield, Md.					
18. MEDICAL CERTIFICATION					
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>4-20.1</p> <p>Immediate cause (a) Coronary Disease Antecedent causes (s) (b) Arteris Sclerovir Diseases or conditions, if any, giving rise to the above cause (c) Senility stating the underlying cause last</p>					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
none		none			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	(Specify)	INJURY OCCURRED White at Not White Work At Work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>4-20-1955</u> to <u>4-20-1955</u> , that I last saw the deceased alive on <u>4-20-1955</u> , and that death occurred at <u>Crisfield, Md.</u> from the causes and on the date stated above.					
SIGNATURE (Degree or title) <u>Wm. H. Coulbourn, M.D.</u> ADDRESS <u>Crisfield, Md. 218755</u> DATE SIGNED <u>4-20-1955</u>					
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
burial		Feb. 9, 1955	Lawsonia Cemetery	Crisfield, Md.	
DATE RECD BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
2/8/55		Betty W. Tyler		ADDRESS Bradshaw & Sons - Crisfield, Md.	

BUREAU U. S.

FEB 10 1967

REGELIVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1967

01957

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland STATE	
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Rural - Crisfield		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural - Crisfield	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) Sackertown Road	
3. NAME OF DECEASED: (First) (Type or Print) William		(Middle) H. (Last) Nelson	
4. DATE OF DEATH Feb., 23, 1955		(Month) (Day) (Year) IF UNDER 1 YEAR Months Days Hours Min.	
5. SEX: Male 6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	
8. DATE OF BIRTH: Oct. 15, 1876		9. AGE last birthday: 78 yrs.	
10a. USUAL OCCUPATION: Waterman		10b. KIND OF BUSINESS OR INDUSTRY: Seafood	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY: USA	
13. FATHER'S NAME: George L. Nelson		14. MOTHER'S MAIDEN NAME: Elizabeth Sterling	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no		16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: AN-220-09-1294 Susan Nelson, Crisfield, Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 177X Immediate cause (a) Inanition Antecedent causes (s) (b) Carunculae of the Prostate with Infection Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) 7 years.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY m.		PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) OF INJURY While at Not While Work At Work	
INJURY OCCURRED HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 8, 1955, to Feb. 23, 1955, that I last saw the deceased alive on Feb. 23, 1955, and that death occurred at 6.30 P.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED C. N. Basw. M. D. Crisfield, Md. Feb. 23, 1955.			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Burial Feb. 25, 1955		NAME OF CEMETERY OR CEMETORY Asbury LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 2/25/55		REGISTRAR'S SIGNATURE Betty W. Tyler	
24. FUNERAL DIRECTOR Durward Q. Covington, Crisfield, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S.

FEB 23 1955

01958

STATE DEPARTMENT OF HEALTH

MARYLAND

1968

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY SOMERSET		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY SOMERSET	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN PRINCESS ANNE		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PRINCESS ANNE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS (If rural, give location) X /	
3. NAME OF DECEASED (Type or Print)	(First) LEAH	(Middle)	4. DATE OF DEATH 2/18/55 19
5. SEX FEMALE	COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED	8. DATE OF BIRTH 11/12/1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY HOUSE	9. AGE last birthday 82 yrs.
13. FATHER'S NAME WILLIAM JOHN DENNIS		11. BIRTHPLACE (State or foreign country) SOMERSET COUNTY MARYLAND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS CONSTON ROBERTS		12. CITIZEN OF WHAT COUNTRY? USA	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2 Immediate cause (a) Broncho Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis		18 mths	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 20, 1953, to Feb 18 th , 1955, that I last saw the deceased alive on Feb 18, 1955, and that death occurred at 6:00 p.m., from the causes and on the date stated above. SIGNATURE Edgar G. Malsman M.D. ADDRESS DATE SIGNED PRINCESS ANNE, MD. 2/21/55			
23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 2/22/55	NAME OF CEMETERY OR CREMATORIAL JOHN WESLEY	LOCATION (City, town, or county) (State) PRINCESS ANNE, MD.
DATE REC'D BY LOCAL REG.	REG. 2/22/55	REGISTRAR'S SIGNATURE R. S. Johnson, M.D.	24. FUNERAL DIRECTOR ADDRESS Edgar G. Johnson, M.D. Princess Anne, MD.

BUREAU V. S.

FEB 23 1955

RECEIVED

01959

MARYLAND 1973

STATE DEPARTMENT OF HEALTH

Reg. Dist. No. 265

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY 39 Somerset 00 CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Crisfield		2. USUAL RESIDENCE (HOME) OF DECEASED STATE 39 MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield STREET ADDRESS 1148. 4th St.	
3. NAME OF DECEASED (Type or Print) 3. Name of (First) Joanne (Middle)		4. DATE OF DEATH 3. Date (Month) Feb. 23 (Day) (Year) 1955.	
5. SEX F. COLOR OR RACE Col.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursery		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Henry Milbourne		8. DATE OF BIRTH Mar. 3, 1888	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		9. AGE last birthday 66 yrs.	
16. SOCIAL SECURITY NO. none		11. BIRTHPLACE (State or foreign country) Westover	
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260X Immediate cause (a) Cerebral Thrombosis		12. CITIZEN OF WHAT COUNTRY? U. S.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterosclerosis		13. MOTHER'S MAIDEN NAME Joanne Jackson	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyper trophy of heart		14. INFORMANT AND ADDRESS Stadys Milbourne, 1148. 4th Street	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cerebral Arterosclerosis Debility Melancholy	
21. ACCIDENT SUICIDE HOMICIDE		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Specify)		(CITY OR TOWN) (COUNTY) (STATE)	
PLACE (Home, farm, factory, street, of office bldg., etc.)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> Not While Work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from		HOW DID INJURY OCCUR?	
alive on Feb. 23, 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above. SIGNATURE		ADDRESS DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		NAME OF CEMETERY OR CREMATORIAL Lawnsonia	
DATE REC'D BY LOCAL REG. 2/27/55		LOCATION (City, Town, or county) (State) Crisfield, Somerset Co., Md.	
REG. 2/27/55		24. FUNERAL DIRECTOR ADDRESS Charles H. Wall, Marion Sta., Md.	
REG. 2/27/55		REG. 2/27/55	

BUREAU V. S.

MAR 7 1965

RECEIVED